

SERIAL NO.
10/049174

FILING DATE

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS					
NO.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*
	IND.	DEP.	IND.	DEP.	
1	/	/	/	/	51
2	/	/	/	/	52
3	0	/	/	/	53
4	0	/	/	/	54
5	0	/	/	/	55
6	/	/	/	/	56
7	0	/	/	/	57
8	0	/	/	/	58
9	0	/	/	/	59
10	0	/	/	/	60
11					61
12					62
13					63
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40					90
41					91
42					92
43					93
44					94
45					95
46					96
47					97
48					98
49					99
50					100
TOTAL NO.	1	↓	1	↓	
TOTAL DEP.	9	↓	9	↓	
TOTAL AIMS	10	↓	10	↓	
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY